



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE  
FUNERAL BOARD AND BURIAL SERVICES  
500 James Robertson Parkway, Second Floor  
Nashville, TN 37243-1145  
(615) 741-5062 Office  
(615) 532- 1903 Fax

**PRENEED FUNERAL SALES REGISTRATION STATEMENT**

Please type or print clearly, answering all questions. Make filing fee payable to the Department of Commerce and Insurance and submit to the address shown above.

In accordance with Tennessee Code Annotated, Section 62-5-405.

1. Name of Funeral Home: \_\_\_\_\_

Site Address: \_\_\_\_\_  
(City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Phone Number: ( ) \_\_\_\_\_ Manager: \_\_\_\_\_

2. Establishment Owner/Parent Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Phone Number: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

3. Name of Trustee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Phone Number: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Tenders this Registration Statement with a fee of three hundred dollars (\$300.00) for the authority to sell funeral merchandise and services pursuant to Part 4 Chapter 5 of Title 62, Tennessee Code Annotated and Chapter 0780-1-48 of the Rules and Regulations of the State of Tennessee.**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Signature of Manager/Owner

(SEAL) My Commission Expires: \_\_\_\_\_  
Notary Public